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MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION REPORT ON CO-OCCURRING DISORDERS.

The Mental Health Services Oversight and Accountability Commission was created to provide oversight, accountability, and leadership on issues related to mental health including the implementation of the Mental Health Services Act, which was passed by voters in 2004 as Proposition 63.

Two key tenets of the Mental health Services Act are: 1) Effective services for people with serious mental illnesses must include "whatever it takes" for recovery, and 2) Those services must be integrated. "Whatever it takes" refers to funding for a wide array of clinical and supportive services beyond mental health care, notably including such things as housing and treatment for co-occurring conditions (COD). "Integrated" refers to services that are concurrently delivered by a coordinated team of caregivers, often sharing single sites. Among the most important services to be provided in an integrated manner with mental health services is treatment for alcohol and other forms of chemical dependency.

At a recent conference, the commission heard a detailed presentation on the extensiveness of co-occurring disorders – which are a combination of diagnoses affecting people who have mental illness and also have substance abuse.

This report builds upon the presentations and discussion at that hearing and includes important recommendations for changes in state policy.

KEY FINDINGS

1. Approximately one half of the people who have one of these conditions - a mental illness or a substance abuse disorder - also have the other condition. The proportion of co-morbidity may be even higher in adolescent populations.

2. Availability of integrated treatment for mental health and substance abuse problems is currently the exception rather than the rule.

3. Numerous studies demonstrate that integrated care is necessary for successful treatment of co-occurring disorders (COD). Other care models, such as sequential or parallel care, have very limited effectiveness.

4. The "AB 34" programs and other Adult System of Care programs in the mental health system appear to be the only significant publicly funded programs that offer integrated care in mental health or substance abuse treatment facilities. Virtually all other programs provide treatment for only mental health or substance abuse. Most private insurance coverage and other treatment for mental health or substance abuse is similarly separated.

5. Insufficient support for integrated COD programs leads to a paucity of both treatment facilities and properly trained clinicians. Both are essential to provide the full spectrum of necessary care. The lack of such facilities and experts restricts access to service not just for outpatient care, but also for inpatient mental health units with COD capability.

6. Kaiser Permanente provides unlimited substance abuse treatment, even when it is neither funded nor required to do so because their data indicates that the cost of providing the substance abuse services is more than offset by the savings in physical health care.

7. People with co-occurring disorders are disproportionately represented in the criminal justice system largely as a consequence of this lack of access to mental health and substance abuse services.

8. Law enforcement officials and judges frequently find that individuals are incarcerated simply due to the lack of available treatment options for mental health and substance abuse.

9. People with mental illness in prison do not receive adequate or appropriate care. Prison health officials are not sufficiently trained in offering rehabilitative and recovery oriented services which would prepare an individual with mental illness for success after discharge.

10. People with co-occurring mental illnesses and substance abuse have high recidivism rates in the prison system.

11. A pilot program begun in 2000 showed that the recidivism rate can be significantly reduced by offering such care to parolees with severe mental illnesses.

RECOMMENDATIONS

1. Public and private health plans which have programs that are funded by the Mental Health Services Act should be required to ensure integrated mental health and substance abuse services are available for all clients who need them.

2. Programs standards should be created for provision of integrated mental health and substance abuse services, and should be linked to program eligibility including MHSA reimbursement. Standards should include acceptable clinical staffing patterns and levels to ensure competency to address related medical, psychiatric, and substance-abuse needs. Standards should include the requirement of a COD screening instrument for all MHSA plans. Standards should require the co-location of substance abuse professionals in every program that provides services to individuals with COD and the co-location of mental health specialists in every state licensed and or certified substance abuse treatment program.

3. MHSA funding should be used to co-train physicians who specialize in addiction medicine or psychiatry to ensure that physicians in either specialty have expertise in treating both substance abuse and mental illness In addition, training in substance abuse treatment should be required for every mental health professional working with those with COD.

4. An individual seeking treatment for co-occurring disorders should find no wrong door. He or she should receive integrated treatment from either type of specialist.

5. All public and private health plans should be required to provide comprehensive substance abuse services. (They are already required to provide comprehensive mental health services.)

6. All MHSA plans should be required to have a housing component that includes structured housing for those with Co-Occurring Disorders.

7. MHSA plans and others that deal with COD services should include explicit and detailed plans for coordination among agencies that provide either substance programs and or mental health mental health programs. The coordination should address both funding and provision of service. Resources should be combined whenever possible. This includes, but is not limited to, directly combining resources from the Substance Abuse and Crime Prevention Act (SACPA) and the MHSA.

8. Eligibility criteria for MHSA funding and other funded COD services should be detailed and explicit. It should include all inclusionary and exclusionary criteria. These criteria -- including any" medical necessity" criteria — should be specifically designed to address the needs of individuals with COD, and should not improperly deny treatment to those with Co-Occurring Disorders.

9. The Department of Corrections and Rehabilitation should consider developing programs to offer comprehensive "whatever it takes" integrated services for parolees with co-occurring mental illnesses and substance abuse disorders.

10. All prison health officials and staff with responsibilities for inmates with severe mental illness, as well as county jail officials and staff designed to move those who are mentally ill or suffer from Co-Occurring Disorders from custody into Community Treatment should receive special training in recovery-oriented services.